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**Licata & Tyrrell P.C.**

66 E. Main Street  
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

E-Mail: JMLicata@licataandtyrrell.com

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October 12, 2004

**GROUP: 1614**

**FAX NUMBER: 1-703-872-9306**

**ATTORNEY DOCKET NO.: ISPH-0787**

**SERIAL NO.: 10/673,063**

**FILED: September 26, 2004**

**CUSTOMER NO.: 32862**

**CONFIRMATION NO.: 1745**

**NUMBER OF PAGES: 9**

(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate)  
and Preliminary Amendment.

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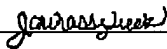
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. ISPH-0787	
Applicant(s): <b>Karras and Dobie</b>						
Application No. 10/673,063	Filing Date September 26, 2004	Examiner Not yet assigned	Customer No. 32862	Group Art Unit 1614	Confirmation No. 1745	
Invention: <b>ANTISENSE MODULATION OF MyD88 EXPRESSION</b>						
					<b>RECEIVED</b> CENTRAL FAX CENTER	
<u>COMMISSIONER FOR PATENTS:</u>					<b>OCT 12 2004</b>	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
<i>Jane Massey Licata</i> _____ Signature			Dated: <b>October 12, 2004</b>			
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			<div style="border: 1px solid black; padding: 5px;">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____            _____            (Date)            _____            Signature of Person Mailing Correspondence            _____            Typed or Printed Name of Person Mailing Correspondence         </div>			
CC:						

P11LARGE/REV08

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>ISPH-0787</b>	
Applicant(s): <b>Karras and Dobie</b>						
Application No. <b>10/673,063</b>	Filing Date <b>September 26, 2004</b>	Examiner <b>Not yet assigned</b>	Customer No. <b>32862</b>	Group Art Unit <b>1614</b>	Confirmation No. <b>1745</b>	
Invention: <b>ANTISENSE MODULATION OF MyD88 EXPRESSION</b>						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0 x	\$18.00	\$0.00	
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____          (Date)          _____          Signature of Person Mailing Correspondence          _____          Typed or Printed Name of Person Mailing Correspondence       </div>			
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: ISPH-0787  
Inventors: Karras and Dobie  
Serial No.: 10/673,063  
Filing Date: September 26, 2003  
Examiner: Not yet assigned  
Customer No.: 32862  
Group Art Unit: 1614  
Confirmation No.: 1745  
Title: Antisense Modulation of MyD88 Expression

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On October 12, 2004

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John Massey Licata Registration No. 32,257

Commissioner for Patents  
Washington, DC 20231

PRELIMINARY AMENDMENT

Claims 1-20 are pending in this application.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.